

EXHIBIT B

NAUTILUS INSURANCE COMPANY

Scottsdale, Arizona

COMMERCIAL GENERAL LIABILITY DECLARATIONS**POLICY NUMBER:** BK200455500**NEW****INSURED'S NAME AND ADDRESS:**

Coaster Company of America : Yeh Family Limited
Partnership LP
12928 Sandoval Street
Sante Fe Springs, CA 90670

PRODUCER'S NAME AND ADDRESS:

Brown & Riding
777 South Figueroa Street
Suite 2550
Los Angeles, CA 90017

POLICY PERIOD: February 1, 2012 to February 1, 2013 at 12:01 a.m. Standard Time at your mailing address shown above.

**IN RETURN FOR THE PAYMENT OF PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE
WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

LIMITS OF INSURANCE:

General Aggregate Limit (Other than Products/Completed Operations)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit	\$10,000
Employee Benefits Liability - Each Employee	\$1,000,000
Employee Benefits Liability - Aggregate	\$1,000,000

PREMIUM \$296,625.00
POLICY FEE \$0
INSPECTION FEE \$0
STATE TAX \$8,898.75
STAMPING FEE \$741.56
TOTAL \$306,265.31
CALIFORNIA SURPLUS LINES
LICENSE #SL0592033

NOTICE TO THE INSURED:**SEE D-2 FORM (01-09) - California Surplus Lines Notice**

RETROACTIVE DATE (APPLICABLE TO CLAIMS MADE COVERAGES):	
Employee Benefits Liability	February 1, 2009

DESCRIPTION OF BUSINESS:	
FORM OF BUSINESS:	
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (describe):
BUSINESS DESCRIPTION:	importer and wholesaler of furniture
LOCATION DESCRIPTION:	As on file with the Company

RETENTIONS:	
Commercial General Liability Occurrence	
Self Insured Retention:	\$75,000 Per Occurrence "Wheeled Chairs" Includes ALAE & defense costs
	\$10,000 Per Occurrence "All Other" Includes ALAE & defense costs
Employee Benefits Liability	
Deductible:	\$5,000 Each Employee Per Claim Includes ALAE & defense costs

PREMIUM:			
PREMIUM BASIS	RATE	PER	PREMIUM
\$ 320,000,000	\$0.883	Per \$1,000 Receipts	282,500
TOTAL PREMIUM			\$ 282,500
TERRORISM ADDITIONAL PREMIUM			\$ 14,125
ADVANCE PREMIUM			\$ 296,625
MINIMUM EARNED PREMIUM			\$ 70,625

FORMS AND ENDORSEMENTS (Other than applicable Forms and Endorsements shown elsewhere in the policy):
Forms and Endorsements applying to this Coverage Part and made a part of the policy at time of issue: SEE SC-FORMS (09-04) – SCHEDULE OF FORMS AND ENDORSEMENTS

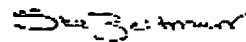
NAME AND ADDRESS OF ADMINISTRATIVE OFFICE:
Berkley Specialty Underwriting Managers LLC Three Ravinia Drive, Suite 500 Atlantic, GA 30346 Phone.: (404) 443-2040. See Claims Notice for Claims contact information.

THESE DECLARATION(S) TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S), AND ANY ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned: _____

Issue Date: 2/7/2012

By: _____



(Authorized Representative)